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A34614 / 070050.1690
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE


Applicant : Fisher et al.
Serial No. : 09/515,363 Examiner: Bronwen M. Loeb
Filed : February 29, 2000 Group Art Unit: 1636
For : MELANOMA DIFFERENTIATION ASSOCIATED GENE-5 (mda-5),
PROMOTER AND USES THEREOF

EXTENSION OF TIME REQUEST

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Assistant Commissioner for Patents, Washington, D.C. 20231

October 22, 2001
Date of Deposit

Alicia A. Russo
Attorney Name


Signature

46,192
PTO Registration No.

October 22, 2001
Date of Signature

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Transmitted herewith is a Response to Restriction Requirement.

Small Entity Status:

[] Small entity status of this application under 37 CFR 1.9 and 1.27

[x] has been established previously. Such status is still proper and desired.

[] is claimed by applicant in the enclosed verified statement.

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Extension of Time Request:

[X] An extension of time to respond to the PTO communication dated June 28, 2001 is hereby requested. The required fee for extension, indicated below, is enclosed herewith.

Extension for response (check only one):

	<u>SMALL ENTITY</u>		<u>OTHER THAN SMALL ENTITY</u>	
within first month under 1.17(a)(1)	[]	\$55.	[]	\$110.
within second month under 1.17(a)(2)	[]	\$195.	[]	\$390.
within third month under 1.17(a)(3)	[X]	\$445.	[]	\$890.
within fourth month under 1.17(a)(4)	[]	\$695.	[]	\$1,390.

[] An extension for ___ months has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total months of extension now requested. The extension fee due with this request is \$_____.

[X] In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Fee Calculation:

[X] The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After <u>Amendment</u>	(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra Claims	Small Entity <u>Rate</u>	<u>Fee</u>	OR	Other Than A Small Entity <u>Rate</u>	<u>Fee</u>
Total Claims* 11 minus**		20 =	0	x 9 =	\$0.00	,	18 =	\$0.0
Ind. Claims* 3 minus***		3 =	0	x 40 =	\$0.00	,	80 =	\$0.0
() First Presentation of Multiple Dependent Claim				+ 135 =		-	270 =	\$0.0
Total Additional Fee					<u>\$0.00</u>			<u>\$0.0</u>

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" in this space is less than 3, write "3" in this space.

Method of Fee Payment:

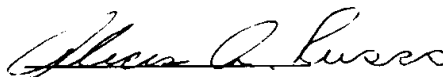
[X] A check in the amount of \$445.00 is attached herewith (includes extension of time fee).

[] Please charge our Deposit Account no. 02-4377 in the amount of \$____. Two copies of this sheet are enclosed.

[X] The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

[] The Commissioner is conditionally authorized to charge payment of any fees associated with this application or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

Respectfully submitted,
BAKER BOTTS, L.L.P.


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Alicia A. Russo
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Enclosures